

Permit No: (DMLR use only)	1202211
Bond Applied To: (DMLR use only)	1009813-Transfer
Bond No:	1144274



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINED LAND RECLAMATION  
P. O. DRAWER 900; BIG STONE GAP, VA 24219  
TELEPHONE: (276) 523-8100

MAR 22 2017

**SURETY BOND**

Customer Assistance Center

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED

REVELATION ENERGY, LLC  
(hereafter **PRINCIPAL**),

whose principal place of business is \_\_\_\_\_ P.O. Box 189, Lackey, KY 41643

and who does business as a [CHECK ONE ONLY]: \_\_\_\_\_ Corporation; \_\_\_\_\_ Limited Partnership;  
 Limited Liability Company; \_\_\_\_\_ Partnership; or \_\_\_\_\_ Sole Proprietorship, acting herein as **PRINCIPAL**, and

Lexon Insurance Company  
(hereafter **SURETY**),

whose principal business address is \_\_\_\_\_ 10002 Shelbyville Road, Suite 100, Louisville, KY 40223  
 and who was organized and is existing under the laws of the State of \_\_\_\_\_ Texas  
 and licensed to write and perform surety business in the Commonwealth of Virginia, are held and firmly bound unto  
 the

**COMMONWEALTH OF VIRGINIA,**  
**DIRECTOR, DIVISION OF MINED LAND RECLAMATION**  
 (hereafter **OBLIGEE**),

in the sum of \_\_\_\_\_ Five Hundred Twenty-Two Thousand Four Hundred and 00/100  
 (\$ 522,400.00) Dollars for the payment of which sum the **PRINCIPAL** and **SURETY** bind  
 themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these  
 presents.

**THE CONDITION OF THE ABOVE OBLIGATION is such that:**

**WHEREAS**, the **PRINCIPAL** proposes to commence coal surface mining to be known as

Phillips Rider Deep Mine  
 in \_\_\_\_\_ Wise County(ies) of Virginia; and,

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Permit No: (DMLR use only)	1202211
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**WHEREAS**, the above-named **PRINCIPAL** has submitted [CHECK ONE ONLY]:

Permit Application Number or, \_\_\_\_\_ Permit Number 1009813 including a mining and reclamation plan, to conduct and reclaim a surface coal mining operation, as defined pursuant to the **VIRGINIA COAL SURFACE MINING CONTROL AND RECLAMATION ACT** (hereafter **ACT**), as amended, with its attendant regulations; and,

**WHEREAS**, the **PRINCIPAL** has chosen to file this performance bond as a guarantee that the reclamation of the land disturbed during this surface mining operation will be completed as required by the **ACT**, its attendant regulations, and as specified in the permit as issued; and,

**WHEREAS**, the **SURETY**, and their successors and assigns agree to guarantee the obligation and to indemnify, defend, and hold harmless **OBLIGEE** from any and all losses and expenses which **OBLIGEE** may sustain as a result of the **PRINCIPAL'S** failure to comply with the condition of the obligation;

**WHEREAS**, obligations guaranteed by this performance bond shall be in effect for the following described lands approved as the permit area or increment upon which initial or succeeding operations will be conducted:

Phillips Rider Deep Mine

**NOW**, if the **PRINCIPAL** faithfully completes all reclamation and abatement requirements set forth in the **ACT** and its Permit issued in reliance on this Surety Bond, including the mining and reclamation plan, then this obligation shall be void; otherwise, it shall remain in full force and effect beginning on the date of the approval and issuance of [CHECK ONE ONLY]:

Permit Application Number or, \_\_\_\_\_ Permit Number 1009813 pursuant to the **ACT** and continue until:

(a) the permit has been completed to the satisfaction of the **OBLIGEE**, or

(b) the bond is released pursuant to the **ACT**, or

(c) in the event neither (a) or (b) above applies, for a minimum period of five (5) years for a general permit or two (2) years for an approved plan for remining. This shall be the minimum period of extended responsibility unless the bond is replaced in accordance with the **ACT**, or unless the permit has been sold, reassigned, or otherwise transferred in accordance with the **ACT**. It shall be further understood that if the **PRINCIPAL** performs any augmented seeding, fertilization, or other supplemental reclamation work on the site prior to bond release, the period of liability under this bond shall begin again subject to the exception found in the **ACT**

The failure of the **PRINCIPAL** to fulfill the obligations specified by the **ACT** and its permit shall result in a forfeiture of this performance bond according to the procedures described in the **ACT**.

The **SURETY** shall not cancel this bond at any time for any reason, including non-payment of premium or bankruptcy of the **PRINCIPAL** during the period of liability. The amount of the **SURETY'S** liability may be adjusted by the **OBLIGEE** pursuant to the **ACT** for lands covered by this bond.

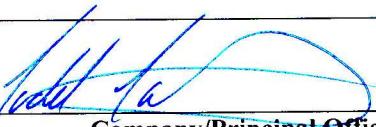
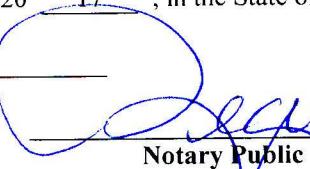
The **SURETY** shall give prompt notice to the **PRINCIPAL** and to the **OBLIGEE** of any notice received or action filed alleging the insolvency or bankruptcy of the **SURETY** or of the **PRINCIPAL**, or alleging any violations or regulatory requirements which could result in suspension or revocation of the **SURETY'S** license to do business.

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In the event the **SURETY** becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the **PRINCIPAL** and to the **OBLIGEE**. Any proceeding, legal or equitable, under this bond must be instituted in a Virginia court of competent jurisdiction and shall be governed by the laws of the Commonwealth of Virginia.

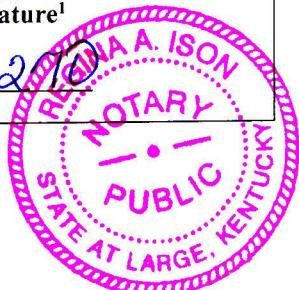
Upon the incapacity of the **SURETY** by reason of bankruptcy, insolvency, or suspension or revocation of its license, the **PRINCIPAL** shall be deemed to be without bond coverage in violation of the **ACT** and subject to enforcement actions described in the **ACT**.

**I. BY COMPANY/PRINCIPAL:**

Revelation Energy, LLC Company /Principal	(SEAL) By: 	Company/Principal Official
<u>Sr. Vice President / Authorized Agent</u> Title	<u>03/01/2017</u> Date	
Subscribed and sworn/affirmed to before me by	Todd Tackett	
this <u>1</u> day of <u>March</u> 20 <u>17</u> , in the State of <u>Kentucky</u>		
in the City/County of <u>Knott</u>		
<u>Regina A. Ison</u> Notary Public Name (printed or typed)	(Seal) <u>Regina A. Ison</u> Notary Public Signature <sup>1</sup>	
My Commission expires <u>03/30/2018</u>	Registration No. <u>507210</u>	

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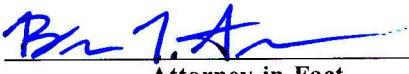


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<sup>1</sup> Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

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**II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.**

Lexon Insurance Company \_\_\_\_\_ (SEAL) By:   
Surety Name \_\_\_\_\_ Attorney-in-Fact \_\_\_\_\_  
February 16, 2017 \_\_\_\_\_ Brook T. Smith  
Date \_\_\_\_\_ Attorney-in-Fact Name (printed or typed) \_\_\_\_\_

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT**  
COMMONWEALTH OF VIRGINIA

(or, alternatively, Commonwealth or State of \_\_\_\_\_ Kentucky)  
CITY/COUNTY OF \_\_\_\_\_ Louisville/Jefferson \_\_\_\_\_, to wit:  
I, the undersigned notary public, do certify that \_\_\_\_\_ Brook T. Smith  
personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the  
attorney-in-fact of \_\_\_\_\_ Lexon Insurance Company  
the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of  
Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this \_\_\_\_\_ 16<sup>th</sup> day of \_\_\_\_\_ February \_\_\_\_\_, 20 \_\_\_\_\_ 17 \_\_\_\_\_

Sandra L. Fusinetti \_\_\_\_\_  
Notary Public Name (printed or typed) \_\_\_\_\_

 \_\_\_\_\_ (SEAL)  
Notary Public Signature \_\_\_\_\_

My Commission expires: \_\_\_\_\_ February 13, 2020 \_\_\_\_\_ Registration No. 549253 \_\_\_\_\_

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**III. BY ISSUING AGENT:**

1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance.
2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.

Insurance Agency Issuing Surety Bond (provide the following information):

Agency name: Acrisure, LLC dba Smith Manus  
 Agency address: 2307 River Road, Suite 200, Louisville, KY 40206  
 Authorized agent: Brook T. Smith  
 Authorized agent address: 2307 River Road, Suite 200, Louisville, KY 40206  
 Office telephone number: 502-636-9191

**IV. DIVISION APPROVAL:**

ACCEPTED: Philip C. Mulls Date: 3-22-17  
 Division of Mined Land Reclamation

Department of Mines  
 Minerals and Energy

MAP 22-2017

Customer Assistance Center

POWER OF ATTORNEY

LX-293526

## Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Brook T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Barbara Duncan, Sandra L. Fusinetti, Mark A. Guidry, Jill Kemp, Lynnette Long, Amy Meredith, Deborah Neichter, Theresa Pickerrell, Sheryon Quinn, Bonnie J. Rowe, Beth Frymire, Michael Dix, Leigh McCarthy, Rebecca M. Reid its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1<sup>st</sup> day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.



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LEXON INSURANCE COMPANY

BY \_\_\_\_\_

A handwritten signature of David E. Campbell.

David E. Campbell  
President

### ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR  
Notary Public- State of Tennessee  
Davidson County  
Mv Commission Expires 07-08-19

BY \_\_\_\_\_

A handwritten signature of Amy Taylor.

Amy Taylor  
Notary Public

### CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 16<sup>th</sup> Day of February, 20 17.



BY \_\_\_\_\_

A handwritten signature of Andrew Smith.

Andrew Smith  
Assistant Secretary

Department of Mines  
Minerals and Energy

MAR 22 2014



8/1/2014 Customer Assistance Center

## RE: Consolidation of SMA Surety, Inc. (Smith Manus) to Acrisure, LLC ("Acrisure")

Greetings,

Over the last couple of years, Acrisure has acquired majority ownership in a number of agencies across the country. It is a unique model, in that operational control and branding remain with the respective agencies after the acquisition occurs. We are proud to announce that on August 1, 2014 Acrisure acquired SMA Surety, Inc.

What this change means for you:

**What's changing:** SMA Surety, Inc. will now use Acrisure, LLC's tax identification number and license(s). All contracts should be in the name of Acrisure. If a contract is already in place for Acrisure, Smith Manus's code should be re-assigned under Acrisure's master code.

**What's not changing:** SMA Surety, Inc. (Smith Manus) operations will essentially remain the same and will continue to do business under the existing name. All policies, bonds, forms, POAs, seals, reports and correspondence should remain in the Smith Manus name.

Prior to August 1, 2014		After August 1, 2014
SMA Surety, Inc.	Legal Name	Acrisure, LLC
<ul style="list-style-type: none"> <li>• Smith Manus</li> <li>• Smith-Manus</li> <li>• Smith Manus Surety Bonds</li> <li>• SMA Surety</li> </ul>	Operating Name	<ul style="list-style-type: none"> <li>• Smith Manus</li> <li>• Smith-Manus</li> <li>• Smith Manus Surety Bonds</li> <li>• SMA Surety</li> </ul>
61-1372649	FEIN	26-3554645
2307 River Rd Suite 200 Louisville, KY 40206	Address	2307 River Rd Suite 200 Louisville, KY 40206

Thank you for your cooperation in this matter. If you have further questions, or need to have additional paperwork, please contact Trish Partin at 800-748-0351, extension 418 or email at [tpartin@acrisure.com](mailto:tpartin@acrisure.com).

We are very excited and optimistic about the opportunities that lie ahead, and look forward to growing with our insurance and surety partners.

Regards,

Brook T. Smith  
President  
SMA Surety, Inc.

Andrew Schutt  
VP of Sales  
Acrisure, LLC

Compliance Express™

Page 1 of 2



COMMONWEALTH OF  
VIRGINIA  
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM  
COMMISSIONER OF INSURANCE  
STATE CORPORATION  
COMMISSION  
BUREAU OF INSURANCE  
P.O. BOX 1157  
RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206  
[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

Licensees shall report to the Bureau within 30 days any change in residence at [www.scc.virginia.gov/boi/online.aspx](http://www.scc.virginia.gov/boi/online.aspx)

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

## Producer

Health , Life & Annuities , Property & Casualty

**ACRISURE LLC**

PO BOX 1788

GRAND RAPIDS , MI 49501-1788

**is authorized to transact business as described above**

License No: 126043

Issue Date: 04-07-2009

Expiration Date:

Generated by Sircon 91663653

COMMONWEALTH OF VIRGINIA  
BUREAU OF INSURANCE  
THIS IS TO CERTIFY THAT



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS  
IN ACCORDANCE TO THE LICENSE DESCRIPTION  
SHOWN BELOW:

### Producer

Health , Life & Annuities , Property &  
Casualty

Issue Date: 04-07-2009

Generated by Sircon  
91663653

Expiration Date:

LICENSE NUMBER: 126043

ACRISURE LLC

PO BOX 1788 , GRAND RAPIDS , MI 49501-1788

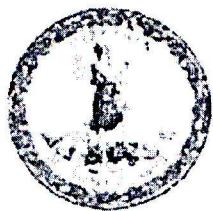
Department of Mines  
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10/22/2014

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COMMONWEALTH OF  
VIRGINIA  
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM  
COMMISSIONER OF INSURANCE  
STATE CORPORATION  
COMMISSION  
BUREAU OF INSURANCE  
P.O. BOX 1157  
RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206  
[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

Licensees shall report to the Bureau within 30 days any change in residence at [www.scc.virginia.gov/boi/online.aspx](http://www.scc.virginia.gov/boi/online.aspx)

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This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

**Producer**  
**Property & Casualty**

**BROOK THOMAS SMITH**  
19 POPLAR HILL RD  
LOUISVILLE, KY 40207

**is authorized to transact business as described above**

License No: 640506

Issue Date: 08-06-1997

Expiration Date:

Generated by Sircon 96073635

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>BROOK THOMAS SMITH 19 POPLAR HILL RD, LOUISVILLE, KY 40207</p> <p>LICENSE NUMBER: 640506</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Producer</b> <b>Property &amp; Casualty</b></p> <p>Issue Date: 08-06-1997      Generated by Sircon 96073635      Expiration Date:</p>
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Department of Mines  
Minerals and Energy

1-800-677-1221

Customer Assistance Center

# SURETY BOND APPROVAL CHECKLIST

DMM/DMLR Office Files

<b>APPLICANT</b>	Revelation Energy, LLC.	<b>Permit Number:</b> 1202211	<b>Application Number:</b> 1009813
<b>REVIEW DATE:</b>	3/21/17	<b>Bond Number:</b> 1144274	
<b>REVIEWER:</b>	Janet Yates	<b>Reviewer's Signature:</b>	<i>Janet Yates</i>
<b>SURETY:</b>	Lexon Insurance Company		
<b>AGENT:</b>	Brook Thomas Smith	<b>Agency:</b> Acrisure, LLC	

## The following requirements have been met as indicated:

<b>1. Page No. 1</b>	
Yes	The company/principal name matches the permit application and are consistent throughout the document.
Yes	The address is correct/consistent with the permit application.
Yes	The legal structure checked (LLC, Corp., etc) is correct and consistent with the permit application.
Yes	The bond number is consistent on each page of the surety bond form.
Yes	The correct surety bond form has been submitted (DMLR-PT-013 REV 08/07)
Yes	The surety company listed is consistent throughout the document. (See additional surety company verifications below).
<b>2. The Surety Company</b>	
Yes	<p><i>The Company is licensed to transact fidelity and surety business in the Commonwealth of Virginia. (SCC's Bureau of Insurance 804-371-9186—Henry Harris) (attached)</i></p> <p><a href="http://www.scc.virginia.gov/boi/cons/co_info.aspx">http://www.scc.virginia.gov/boi/cons/co_info.aspx</a></p> <p><i>Lexon Ins Co 161,709,369 109,195,915 52,513,454 61,989,686 56,445,195 8,447,852 5,519,888 -1,145,890</i></p>
Yes	Surety name is identical to name appearing in the SCC's Fidelity & Surety Report.
Yes	The Surety has a minimum of \$4 million in net worth (surplus).
Yes	<p>Company is listed on the US Dept of Treasury Circular 570.</p> <p><a href="https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm">https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm</a></p> <p><b>Lexon Insurance Company (NAIC #13307)</b></p> <p><b>BUSINESS ADDRESS:</b> 10002 Shelbyville Rd, Suite 100, Louisville, KY 40223. <b>PHONE:</b> 615-553-9500. <b>UNDERWRITING LIMITATION b/:</b> \$5,251,000. <b>SURETY LICENSES c/f/:</b> AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MP, MT, NE, NV, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.</p> <p><b>INCORPORATED IN:</b> Texas.</p>

DMME/DMLR Office Files

	Date Checked: 3/20/17
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<b>3. Face amount of bond</b>	
<b>Yes</b>	Wording/Amount is correct and consistent. No strikeovers, white out, etc
<b>Yes</b>	Does not exceed 10% of the Surety Company's net worth (surplus) to policyholders.
<b>N/A</b>	Does exceed 10% of company's net worth (surplus) to policyholders, but is covered by another form of surety.

<b>4. Name and Location</b>	
<b>Yes</b>	The mine name is consistent with the permit application.
<b>Yes</b>	The correct county (ies) is listed.

<b>5. Page No. 2</b>	
<b>Yes</b>	The correct type of number (Permit Application Number or Permit Number) is checked. (Paragraphs 1 & 5)
<b>Yes</b>	The correct number is listed in the space provided (Permit Application Number or Permit Number). (Paragraphs 1 & 5)
<b>Yes</b>	The area where the bond will be in effect is described in the space provided (permit area, increment #, etc.) (Paragraph 4)

<b>6. Page No. 3</b>	
<b>Yes</b>	The Company/Principal matches the information provided on page 1 of the form and the permit application.
<b>Yes</b>	The Company/Principal official listed has the authority to sign the document.
<b>Yes</b>	The title of the Company/Principal official is listed.
<b>Yes</b>	The notarization information is correct. The correct person is listed as signing the document, the dates are consistent and the notary's commission has not expired. <i>Notary seal has been applied if signed outside Virginia.</i>

<b>7. Page No. 4</b>	
<b>Yes</b>	The Surety Name matches the information provided on page 1 of the form and is consistent throughout the form. The Surety seal has been applied.
<b>Yes</b>	The Attorney-in-Fact has the authority to sign the document. (See additional requirements on Page 5)
<b>Yes</b>	The embossed notary seal is in place if the document was notarized outside Virginia.
<b>Yes</b>	The notarization information is correct. The correct person is listed as signing the document, the dates and surety name is consistent. The correct state/county is listed and the notary's commission has not expired.

<b>8. Power of Attorney (POA)</b>	
<b>Yes</b>	Person signing bond is shown on POA as agent/attorney-in-fact with authority to commit the surety company.
<b>No</b>	Does not contain any limitation on the amount of bond that can be written (Note any limitations on amount). <i>5,000,000.00</i>
<b>Yes</b>	The POA has not been revoked.
<b>Yes</b>	The date on the POA is consistent with the date the Attorney-in-Fact signed the bond on page 4.
<b>Yes</b>	The correct surety seal is applied to the original POA.- should be on original
	Date Checked: 3/20/17

**9. Page No. 5**

DMM/DE/DM/PLG/CB/AM/MS

The Insurance Agency is registered with the SCC to transact business in Virginia.  
[https://cisiweb.scc.virginia.gov/z\\_container.aspx](https://cisiweb.scc.virginia.gov/z_container.aspx)

LLCM3220	LLC DATA INQUIRY	03/20/17
LLC ID: T040306 - 5	STATUS: 00 ACTIVE	10:08:41
LLC NAME: Acrisure, LLC	STATUS DATE: 04/17/09	

DATE OF FILING: 04/17/2009 PERIOD OF DURATION: 99/99/9999 INDUSTRY CODE: 35

STATE OF FILING: MI MICHIGAN MERGER INDICATOR:

CONVERSION/DOMESTICATION INDICATOR:

P R I N C I P A L O F F I C E A D D R E S S

STREET: 5664 PRAIRIE CREEK DR

CITY: CALEDONIA STATE: MI ZIP: 49316-0000

R E G I S T E R E D A G E N T I N F O R M A T I O N

R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET RTN MAIL:

CITY: RICHMOND STATE: VA ZIP: 23219-0000

R/A STATUS: 5 ENTITY AUTHORIZ EFF DATE: 07/02/13 LOC: 216 RICHMOND CITY

YEAR FEES PENALTY INTEREST BALANCE

17 50.00 50.00

CISMO180 CORPORATE DATA INQUIRY 15:16:17

CORP ID: F142442 - 5 STATUS: 00 ACTIVE STATUS DATE: 05/15/00

CORP NAME: Lexon Insurance Company

DATE OF CERTIFICATE: 05/15/2000 PERIOD OF DURATION: INDUSTRY CODE: 30

STATE OF INCORPORATION: TX TEXAS STOCK INDICATOR: S STOCK

MERGER IND: CONVERSION/DOMESTICATION IND:

GOOD STANDING IND: Y MONITOR INDICATOR:

CHARTER FEE: MON NO: MON STATUS: MONITOR DTE:

R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER AR RTN MAIL:  
16TH FLOOR, 1111 EAST MAIN STREET

CITY: RICHMOND STATE: VA ZIP: 23219-0000

R/A STATUS: 5 B.E. AUTH IN VI EFF. DATE: 01/16/12 LOC: 216

ACCEPTED AR#: 215 52 2814 DATE: 06/12/15 RICHMOND CITY

CURRENT AR#: 215 52 2814 DATE: 06/12/15 STATUS: A ASSESSMENT INDICATOR: 0

YEAR FEES PENALTY INTEREST TAXES BALANCE TOTAL SHARES  
15 1,700.00 4,000,000

Yes

Yes	The <b>Agency</b> is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://scc.virginia.gov/boi/exitsircon.aspx">http://scc.virginia.gov/boi/exitsircon.aspx</a>
Yes	A copy of the <b>Agency</b> Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency">http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency</a> (Property and Casualty)
Yes	A copy of the <b>Agent's</b> Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency">http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency</a> (Property and Casualty)
Yes	The <b>Agency</b> telephone number is listed. 502-636-9191

	<b>10. Division Approval</b>
YES	The designated DMLR official completed the bond approval information.
	<b>COMMENTS:</b>

### Agency License Information

Name ACRISURE LLC  
 Producer Status Active  
 Address PO BOX 1788  
 City GRAND RAPIDS  
 State MI  
 Zip 49501-1788  
 Phone (800) 748-0351  
 Toll  
 Email [dtauro@acrisure.com](mailto:dtauro@acrisure.com)  
 Website  
 State of Residency Michigan  
 Virginia License Number 126043

### Alias(s)

Name	Alias Type
CLG INSURANCE	Doing Business As

## DMME/CMLR Office Files

SMITH MANUS	Doing Business As
SMITH MANUS SURETY BONDS	Doing Business As
SMITH-MANUS	Doing Business As
THE CAMPBELL GROUP	Also Known As

**License(s) Detail**

License	License Status	Effective Date	Expiration Date*
Producer	Active	4/7/2009	
	<b>Qualification</b>	<b>Status</b>	<b>Effective Date</b>
	Health	Active	4/7/2009
	Life & Annuities	Active	4/7/2009
	Property & Casualty	Active	4/7/2009
Surplus Lines Broker	Active	1/31/2014	6/30/2016
	<b>Qualification</b>	<b>Status</b>	<b>Effective Date</b>
	Surplus Lines	Active	1/31/2014
Property & Casualty	9/9/2014	LEXON INSURANCE COMPANY	13307

**Agent License Information**

Name BROOK THOMAS SMITH  
 City LOUISVILLE  
 State KY  
 Zip 40207  
 State of Residency Kentucky  
 Producer Status Active  
 Virginia License Number 640506  
 NPN (National Producer Number) 546897

**License(s) Detail**

License	License Status	Effective Date	Expiration Date*
Producer	Active	8/6/1997	
	<b>Qualification</b>	<b>Status</b>	<b>Effective Date</b>
	Property & Casualty	Active	8/6/1997
Property & Casualty	7/9/2003	LEXON INSURANCE COMPANY	13307